

**North American Vehicle Transport, Inc.**

**Please completely fill out the form below and FAX to 972.943.8487  
For questions call us at 972.943.8474 or Toll Free 866.389.5551**

Shipping Dates: \_\_\_\_\_

**ORIGIN**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Apt Number \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Alternate Contact: \_\_\_\_\_

Phone Number \_\_\_\_\_

**DESTINATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Apt Number \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Vehicle Number 1 \_\_\_\_\_

Vehicle Number 2 \_\_\_\_\_

**PAYMENT OPTIONS**

- 1. Pay in full on credit card \_\_\_\_\_
- 2. Deposit only charged to credit card and remaining COD due on delivery (cash or cashiers check) \_\_\_\_\_

Credit Card Type (Circle One): Visa - MasterCard - American Express

Total Amount to Charge: \$ \_\_\_\_\_

Deposit Amount: \$ \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Security Number \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Card Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

I have read and comply with the terms, conditions, FAQ's and shipping process on the N.A.V.T., Inc. website. A 3% drivers administrative fee will be added to charge amount to payments paid in full via credit card. I allow N.A.V.T., Inc. to charge the above amount to the above credit card account and agree to said credit card terms.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_